

CULVER FAMILY DENTISTRY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY: We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning our health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect October 1, 2014 and will remain in effect until we replace it.

We reserve the right to change our policy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or additional copies of this Notice, please contact us using this information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information to a physician or other healthcare operations. For example.

Treatment: We may use or disclose your health information to a healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services that we provided to you.

Healthcare: Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations includes quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information and disclose it to anyone for any purpose. If you give us authorization while you may revoke it at any time in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To your Family and Friends: We must disclose your health information to you, as described in the Patients' Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with a payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general health, or death, if you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosure. In the event of your incapacity or emergency circumstances, we will disclose health information based on the determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health- Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

National Security: We may disclose to military authorities the health information Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose correction institution or law enforcement official having lawful custody protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters)

Patients' Rights: Access: You have the right to look at or get copies of your health information. With limit exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must take a request in writing to obtain access to your health information, you may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge a reasonable cost-based fee for expenses such as copies and staff time. You may also requested access by sending us a letter to the address at then of this Notice. If you requested copies, we will charge you the fee established by the State Board of Dental Examiners and for postage if you want copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the past 6 years, but not before October 1, 2014. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional request.

Restriction: You have the right to request that we place additional restrictions on our disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency)

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing) Your request must specify the alternative means, or location and provide satisfactory explanation how payments will be handled under alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail) you are entitled to receive this Notice in written form.

Questions and Complaints: If you want more information about our privacy practices or have questions, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use our disclosure of your health information or to have us communicate with you by alternative means or at alternative locations you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Dr. Sylvia Culver

Telephone: (281) 456-4289

E mail: office @culverdent.com

Address: 9323 Pinecroft Ste, 210 The Woodlands, Texas77380

HIPPA Release Form

Name: _____ DOB: _____

We are unable to discuss your treatment with anyone unless you give us written permission.

() I authorize the release of information including the diagnosis, records, images, examination render and claims information. This information may be released to:

- () My general and /or referring dentist Names: _____
- () Spouse Name: _____
- () Child(ren) Names: _____
- () Parent Names: _____
- () Other Name: _____
- () Information is not to be released to anyone.

This release of information will remain in effect until terminated by me in writing

Messages

Please call my () home () Work () cell

Number(s): _____

If unable to reach me

- () You may leave a detailed message
- () Please leave a message asking me to return your call
- () Other _____

The best time to reach me: _____

SIGNATURE: _____